

Fill in this information to identify your case:

Debtor 1 Gavin B Whiston
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 24-10803
(If known)

☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

	Unsecured claim
<p>1</p> <p>Dubcork, Inc. Creditor's Name</p> <p>299 Broadway Suite 1820 Number Street</p> <p>dba Smithfield Tavern, Smithfield Hall NY</p> <p>New York NY 10007 City State ZIP Code</p> <p>Joshua E Abraham Contact</p> <p>646-245-6710 Contact phone</p> <p>What is the nature of the claim? <u>Judgment Liens</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 4,588,152.15</p>
<p>2</p> <p>Ken Foley Creditor's Name</p> <p>30-67 42nd St. Number Street</p> <p>Apt. 3-R</p> <p>Astoria NY 11103 City State ZIP Code</p> <p>Joshua Abraham Contact</p> <p>646-245-6710 Contact phone</p> <p>What is the nature of the claim? <u>Judgment Liens</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 153,523.92</p>

Debtor 1

Gavin B Whiston

First Name

Middle Name

Last Name

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Unsecured claim

3 Peconic Bay Medical Center What is the nature of the claim? Medical Services \$1,640.00

Creditor's Name

223 Townsend Square

Number Street

c/o Jerald J DeSocio & Associates, P.C.

Oyster Bay NY 11771

City State ZIP Code

Jerald DeSocio

Contact

516-628-2356

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

☐ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

4 JPMCB Card Services What is the nature of the claim? Credit Card Debt \$246.00

Creditor's Name

301 N Walnut St

Number Street

Floor 09

Wilmington DE 19801

City State ZIP Code

Contact

800-945-2000

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

5 NY State Dept of Taxation & Finance Bar What is the nature of the claim? Taxes & Other Government Units \$0.00

Creditor's Name

PO Box 5300

Number Street

Albany NY 12205

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

6 Internal Revenue Service What is the nature of the claim? Taxes & Other Government Units \$0.00

Creditor's Name

Centralized Insolvency Operations

Number Street

PO Box 7346

Philadelphia PA 19101

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

7 What is the nature of the claim? \$

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ None of the above apply

Does the creditor have a lien on your property?

☐ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

Debtor 1

Gavin B Whiston

First Name Middle Name Last Name

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Unsecured claim

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Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

9

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

10

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

11

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

12

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

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First Name Middle Name Last Name

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Unsecured claim

13	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>
14	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>
15	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>
16	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>
17	<p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact _____</p> <p>Contact phone _____</p>	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____</p> <p style="margin-left: 40px;">Value of security: - \$ _____</p> <p style="margin-left: 40px;">Unsecured claim \$ _____</p>

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Unsecured claim

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Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? _____

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

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Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? _____

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

20

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? _____

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Debtor 1

Gavin B Whiston

First Name

Middle Name

Last Name

Case number (if known) 24-10803

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Gavin B Whiston

Signature of Debtor 1

X

Signature of Debtor 2

Date 05/10/2024

MM / DD / YYYY

Date 05/10/2024

MM / DD / YYYY